



APPLICATION FOR CERTIFIED COPY OF A DIVORCE OR ANNULMENT

DIVISION OF VITAL RECORDS

INFORMATION

1. Reports of divorce or annulments granted after July 1, 1962, in South Carolina are on file.
2. S.C. Law requires a \$12.00 fee for the search of a report of a divorce or annulment. If located, a certified copy of the report will be issued to those entitled. Verification of the date and place of divorce will be provided if the applicant is not entitled to a copy of the record. Additional copies of the same record ordered at the same time are \$3.00 each. If not located, search fee is not refundable.
3. S.C. Law (Section 44-63-86) provides that "Copies of...reports of divorce...may be issued to the parties...divorced, their adult children, a present or former spouse of either party...divorced, or their respective legal representative."
4. If a copy of the decree of divorce or annulment is required, or if the event occurred prior to July 1, 1962, a complete record can be obtained from the Clerk of Court of the county in which the decree was granted.
5. WARNING: FALSE APPLICATION FOR A REPORT OF DIVORCE OR ANNULMENT IS PUNISHABLE BY LAW (Section 44-63-161, S.C. Code of Laws, 1976, Amended).

INSTRUCTIONS

1. Complete all of the information sections of the form. **PLEASE PRINT.**
2. An application for a certified copy of a report of a divorce or annulment must be signed by one of the parties to the divorce or annulment, their adult children, a present or former spouse, or their respective legal representatives. Relationship must be stated.
3. Checks and money ordered should be made payable to **SC DHEC**. Send completed application and appropriate fee to:
 Division of Vital Records
 South Carolina Department of Health and Environmental Control
 2600 Bull Street
 Columbia SC 29201-1708

1 FULL NAME OF HUSBAND	First	Middle	Last	Race	OFFICE USE ONLY
2 MAIDEN NAME OF WIFE	First	Middle	Last	Race	YEAR — CERT. NO.
3 DATE OF DIVORCE OR ANNULMENT	Month	Day	Year		DNL DATE
4 PLACE DIVORCE GRANTED	City	County	State	SOUTH CAROLINA	PROC. DATE
5. FEE I am enclosing a Fee of \$ _____ for _____ CERTIFIED COPIES					ISSUE DATE
6a. WRITTEN SIGNATURE OF APPLICANT					CONTROL NO.
6b. RELATIONSHIP: Self <input type="checkbox"/> Adult Child <input type="checkbox"/> Present/Former Spouse <input type="checkbox"/> Legal Representative of: _____ <input type="checkbox"/> Not Related <input type="checkbox"/>					
					Refund Refunded Amount \$ _____
					IDENTIFICATION
NAME & ADDRESS OF APPLICANT (MUST BE COMPLETED) PLEASE PRINT CERTIFICATE TO BE MAILED TO:					
PLEASE PRINT 7. NAME			PLEASE PRINT (if other than applicant) 10. NAME		
8. NUMBER, P.O. BOX AND STREET			11. NUMBER, P.O. BOX AND STREET		
9. CITY, STATE AND ZIP CODE			12. CITY, STATE AND ZIP CODE		